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MAY 1985

SUPPLEMENT 3 TO ATTACHMENT 2.6-A
Page 1
OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

N/A

OFFICIAL

HCFA-179 # 85-11 Date Rec'd 8/14/85
Supersedes N/A Date Appr. 3/31/86
State Rep. In. _____ Date Eff. 7/1/85

TN No. 85-11
Supersedes _____
TN No. _____

Approval Date _____

Effective Date 7-1-85

HCFA ID: 4093E/0002P